

Form DC-135A

INMATE'S REQUEST TO STAFF MEMBER

Commonwealth of Pennsylvania
Department of Corrections

INSTRUCTIONS

Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.

1. To: (Name and Title of Officer)

Mr. Campopiano (Unit Manager)

3. By: (Print Inmate Name and Number)

*Anthony DeFranco C2-3518**Anthony DeFranco*

Inmate Signature

2. Date:

4/27/05

4. Counselor's Name

Mr. Zimmerman

5. Unit Manager's Name

Mr. Campopiano

6. Work Assignment

7. Housing Assignment

C/A 16

8. Subject: State your request completely but briefly. Give details.

*Mr. Campopiano,**Thank you for taking the time to stop at my cell this afternoon to let me know that the Institutional staff have approved me for the 2-code. Would you be able to tell me the reason or reasons for the approval? and...**I deeply appreciate your time.*

9. Response: (This Section for Staff Response Only)

*Primary reason was your continued need for Mental Health treatment and counseling*To DC-14 CAR only ☐To DC-14 CAR and DC-15 IRS ☐

Staff Member Name

F. CAMPOPIANO

Print

F. Campopiano U.M.

Sign

Date

4/28/05

Revised July 2000

EX. "A"